

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Lab Project No. : 70104563

Received :09/11/2019 4:20

Sample Type :Drinking Water

Date Reported:09/12/2019

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70104563001	HB12	9/11/2019 8:00:00	Analysis Time	Absent	Absent	0.70
Routine Distribution	M. Layburn Squires Pond Rd.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 8:00:00 AM
70104563002	HB13	9/11/2019 8:19:00	Analysis Time	Absent	Absent	0.88
Routine Distribution	H.B. Bagel W. Montauk Hwy.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 8:15:00 AM
70104563003	HB28	9/11/2019 8:30:00	Analysis Time	Absent	Absent	1.11
Routine Distribution	Huebner Oakwood Rd.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 8:30:00 AM
70104563004	HB29	9/11/2019 8:45:00	Analysis Time	Absent	Absent	0.58
Routine Distribution	McFarland Ridgewood La.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 8:45:00 AM
70104563005	HB16	9/11/2019 9:00:00	Analysis Time	Absent	Absent	0.88
Routine Distribution	Spellman's Marine Rampasture Rd.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 9:00:00 AM
70104563006	HB34	9/11/2019 9:15:00	Analysis Time	Absent	Absent	0.83
Routine Distribution		Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 9:15:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
unless otherwise noted.

This report shall not be reproduced except in full,
without the written approval of the laboratory.

Stu Murrell
Stu Murrell

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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70104563007	HB31	9/11/2019 9:30:00	Analysis Time	Absent	Absent	0.89
Routine Distribution		Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 9:30:00 AM
70104563008	HB33	9/11/2019 9:45:00	Analysis Time	Absent	Absent	0.77
Routine Distribution	Rydberg; 8 Pawnee St.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 9:45:00 AM
70104563009	HB21	9/11/2019 10:00:00	Analysis Time	Absent	Absent	0.69
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 10:00:00
70104563010	HB5A	9/11/2019 10:15:00	Analysis Time	Absent	Absent	0.93
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT		9/12/2019 12:16:00	9/12/2019 12:16:00	9/11/2019 10:15:00

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

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Stu Murrell
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575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

WorkOrder :

70104563

Laboratory Certifications

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 70104563



Sample Request Form PUBLIC WATER SUPPLIER

Date: 9-11-19

☒ WELL OFF LINE

Collected By: G. VALENTINO

☐ WELL RUN TO SYSTEM

Accepted By: [Signature]

9/11/19
1330

Cooler Temp: 2.6 °C

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Back 1620

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
9-11-19 800	PW	#10	D	-	RO	0.70 7.21	Bact w/c	001
9-11-19 815	PW	#13	D	-	RO	0.88 7.37	Bact w/c	002
9-11-19 830	PW	#28	D	-	RO	1.11 7.20	Bact w/c	003
9-11-19 845	PW	#29	D	-	RO	0.98 7.31	Bact w/c	004
9-11-19 900	PW	#16	D	-	RO	0.88 7.27	Bact w/c	005
9-11-19 915	PW	#34	D	-	RO	0.53 7.22	Bact w/c	006
9-11-19 930	PW	#31	D	-	RO	0.89 7.42	Bact w/c	007
9-11-19 945	PW	#33	D	-	RO	0.77 7.17	Bact w/c	008
9-11-19 1000	PW	#21	D	-	RO	0.65 7.12	Bact w/c	009
9-11-19 1015	PW	#5A	D	-	RO	0.93 7.19	Bact w/c	010

Remarks:



Sample Condition Upon Receipt

WO#: 70104563

Client Name: HBW

Project

PM: SWM Due Date: 10/11/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #: _____

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.2☐ Samples on ice, cooling process has begunCooler Temperature (°C): 2.6Cooler Temperature Corrected (°C): 2.8

Date/Time 5035A kits placed in freezer _____

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)Date and Initials of person examining contents: Ed 9/11/19Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

			COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL			
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #			Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis			Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #			Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #			
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):			

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____